

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 089292  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1		1			53						
4		1		1			54						
5	1						55						
6		1					56						
7	1		1				57						
8		2		1			58						
9		2		1			59						
10		2		1			60						
11		2		1			61						
12		(1)		1			62						
13		3		1			63						
14		3		1			64						
15		3		1			65						
16		3		1			66						
17		3		1			67						
18	1		1				68						
19		1		1			69						
20		2		1			70						
21		2		1			71						
22	1		1				72						
23		1		1			73						
24		2		1			74						
25		2		1			75						
26		3		1			76						
27		3		1			77						
28		3		1			78						
29		3		1			79						
30		3		1			80						
31		3		1			81						
32		3		1			82						
33		1		1			83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓	5	↓		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓	28	↓		↓		TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS		33					TOTAL CLAIMS						